# Emergency Department Update

### Friday, October 27, 2023 Issue # 156

#### GENERAL

# **TB Surveillance**

Occupational Health Services (OHS) has provided the department with a list of staff that are overdue for their annual TB surveillance. If you receive a reminder email from Matthew, please go to drop-in testing hours at OHS to have your PPD placed and read.

# Triage PDSA

One last reminder of the launch of the Triage PDSA next week November 1. Several workflows and roles will begin being tested next week. We are hoping to consistently staff the triage area as a priority to allow for testing. You will see increased attending coverage beginning at 9 AM- 1 AM when we are seeing Pod C filled with boarders. The new Triage Team Lead role will begin being orientated to staff. And last, but not least, the new workflows and workstations for each assignment in triage will be rolled out. Appreciated everyone's support and willingness to participate in improvement work for the department, our patients, and your experience.

The workgroup will also be collecting feedback from staff. <u>HERE</u> is a link to the first survey and QR codes will be posted in triage.

# Compliance and Privacy Training—DUE OCTOBER 31

The deadline to complete the training is <u>October 31, 2023</u>. This training is mandatory for all employees. *If you do not complete the training by the deadline, your access to DPH electronic systems will be suspended.* 

To access the training program, please see the attached document: "<u>DPH Compliance and</u> <u>Privacy Trouble Shooting Tips</u>". The document provides guidance on 1) how to locate both parts of the course in ELM via the SF Employee Gateway, 2) how to log in, and 3) how to launch the course.

If you have any issues accessing your Employee Portal, please contact DPH Service Desk via phone: (628-206-7378) or by email: <u>dph.helpdesk@sfdph.org</u>

**Staff Flu Vaccine** 

Clinic is Open

Get Your Flu Shot Today!



Building 40 – Rm 4102 Monday, Wednesday, Friday 7:30 a.m. to 3:30 p.m. (excluding holidays)

Please get your influenza (flu) vaccination by November 1. If you choose not to be vaccinated, you must sign a <u>declination</u>. If you receive your flu shot outside ZSFG, please notify OHS.

#### Sad News

It was with great sadness this week that we learned of the passing of Collette Baker, RN former SFGH ED Nurse for many years. Collette worked in the ED from 2010 to 2018. She had stayed in-touch with a few former co-workers over the years. She will be missed. Her family has indicated that there are no planned memorials for the bay area. Some staff have expressed interest in circulating a card around the department so those that want to express their condolences to the family can do so. Cards coming soon to the charge nurse desk.



#### **EQUIPMENT, SUPPLIES, PRODUCTS**

#### On Back Order

- Ice Right—ETA 11/13
- Spit Masks—No ETA
- Ultrasound Gel-ETA 11/20-working on substitute
- Arterial line tray—ETA 11/20—working on a substitute
- Foley—ETA 11/21
- Post Op Shoes—11/23

#### **Medication Shortages**

- Midazolam 5 mg/ml
- LET gel
- Ketamine 50 mg/5 ml syringes
- Viscous lidocaine 2%
- IV Nitroglycerin
- Concentrated ketamine (500mg/ 5ml)
- Buffered lidocaine syringes
- Penicillin IM syringes

#### PEM PEARL

Dina Wallin, MD, FACEP, FAAP

We're back with more talk about the evaluation of **pediatric C-spine injuries**. First, a point of clarification. A wise faculty member pointed out that the PECARN study's data do not prove a definitive conclusion, and this is very true. On its own, the PECARN study is not robust enough to dictate practice. However, in the context of prior data and what we know already about pediatric C-spine injury (it is **very rare**, occurring in **<1-3%** of blunt traumas, almost all in **adolescents and teens**), the study is very helpful and can inform our decision-making, though not direct it. Keep the comments, feedback, and questions coming!

So, last week, we discussed **high risk** criteria for pediatric C-spine injury (diving mechanism, axial load, neck pain, inability to move neck, altered mental status, respiratory distress, intubation). If a kid has none of these and you have no specific concern, the kid is cleared. But what if the kid *does* meet a high risk criteria? We then find ourselves in one of two positions:

- Specific concern for C-spine injury (ex. neck pain, inability to move neck)
- Other high risk criteria without specific concern (ex. respiratory distress)

This week, let's cover the first situation-- **specific concern for C-spine injury**. Did you know that SFGH has a **low-dose CT protocol** for kids? We do, and it happens automatically\* when you order the CT like usual. So, <u>in our current system</u>, my recommendation is to obtain a **CT C-Spine**, the whole thing-- with low-dose CT, we aren't exposing kids to radiation as much as in the past. I will caveat this advisement that this is my personal practice, after reviewing the literature, and does not represent consensus view of our PEM group or our SFGH interdisciplinary team; the pathway we are developing will.

We'll discuss the second situation, high risk criteria without specific concern for C-spine injury, followed by when to consider MRI and CT angio, in future PEM Pearls. In the meantime, really, please keep questions, comments, and feedback coming!

# 2<sup>nd</sup> PEM PEARL

# ENPC COURSES 2023

November 2-3 To register go to <a href="https://Nov2023ENPC.eventbrite.com">https://Nov2023ENPC.eventbrite.com</a>

#### <u>AHA</u>

- November 17 Link to the Nov 17 ED/RCS/ICU AHA Skills Day
- December 1 ACLS-EP course

# **CELEBRATIONS/ANNOUNCEMENTS**

# **CELEBRATIONS**

Send me your celebrations (<u>david.staconis@sfdph.org</u>) that you would like included in the ED Updates and I will share them here.

#### NRC Patient Survey Comments

"My Experience was great. Nurses And staff courteous and helpful. Doctor explained the result very well. All my questions were answered exhaustively. "

"Everyone concerned treated me with respect and walked me through every step of the way!"

"Wonderful team of carers, from the ambulance team to the nurses. Very impressed and grateful. Thank you. "

"I was very, very, very impressed with the attention that I received, the care shown by all the personnel. I never have been in the hospital of this form and I was very, very surprised. I have no words to describe how good I felt being around all this professional people. I am very, very grateful to everyone there. They are very human and they are very, they show incredible care for the patients. Thank you to everyone there. Thank you. Thank you."

"More than anything, the care. Also, they knew how to treat what I

had there. They treated me very well. It was excellent."

Congratulations Laura Helmstetter, RN for completing you Resus TL training! You did great! And a thank you Veronica Boyer, RN for being SO flexible the night of 10/23!! You helped out the department a lot by being flexible in your role!! ~Rob Alvernaz, Charge Nurse

Shout out to **Timmy Sanders, RN** for going out of his way to order new fish and cleaning the artificial fish tank in Pod B for the kiddos! **~Emma Makela, RN** 

Many thanks to the ED Disaster Preparedness and Education Teams for helping to plan and facilitate an excellent functional exercise last Thursday (October 19). The exercise was conducted in tandem with an exercise at Parnassus Hospital and the UCSF EM residency program. Both sites practiced the processes for expanding capacity and responding to the first hour following a massive earthquake. The teams practiced Reverse triage and rapid admissions, START Triage, Re-triage, Treatment, and communication protocols. They were able to identify both strengths and opportunities to improve our readiness. This is important as

we prepare to host APEC in our city and prepare for a range of potential disasters. Particular thanks to the following individuals who did an enormous amount planning and made the day a success:

# Amber, Ray, Heather, Rachel, Matthew, Deb, Yessenia, Theresa, Dave and Brian

Thanks also to our faculty and fellows: Lauren, Bryan, Chris, Clement, Jeremy, John, Jeremy, Joe, Nick, Jeanne and David

And thanks to all who participated whether on the floor or attending as dedicated learners.

Please share ideas for how to improve future exercises. ~Thank you, **Mary Mercer, MD** and **Eric Silverman, MD** 



# BEE SAFE MONTHLY BUZ

FROM SFDPH OCCUPATIONAL SAFETY AND HEALTH

#### OCTOBER 2023 · ISSUE 23 · VOLUME 2

#### CLICK HERE FOR OUR ENTIRE BUZZ LIBRARY

Body mechanics-related injuries and blood and body fluid exposures are the highest occurring OSHA-recordable injuries among SFDPH staff. The Bee Safe Monthly Buzz' offers education and prevention tips each month to help keep our workers safe from these hazards.

# PROTECT YOURSELF FROM SPOOKY SPLASHES AND SPLATTERS

teekerde edierkerde kanteret sunder kurkerd? Aseed interdationingerd voor uits. Anives

#### WEAR EYE PROTECTION DURING:

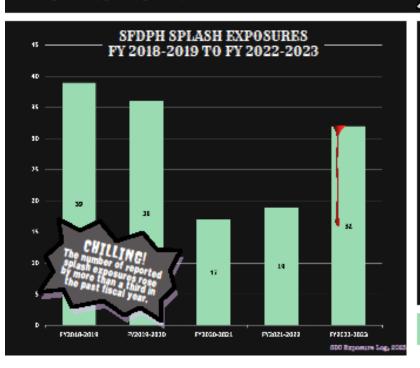
- Handling, transporting, disposing of blood and body fluids\* \*(unless secured in lidded or sealed specimen container)
- Working with aggressive or unpredictable patients
- During wound or drain care
- Invasive and respiratory procedures

#### TAKE EXTRA CARE (AND CONSIDER WEARING PPE) WHEN:

- Withdrawing devices from patients
- Changing IVs
- Accessing/Flushing central lines
- Local anesthetic administration and other SQ injections

#### WHEN STAFF MEMBER HAS OPEN WOUNDS OR CUTS: COVER IT UP!

Tegaderm, gown, gloves, etc.



# DON'T LET THIS BEE YOU

'Patient coughed and blood went into my eye.

"Patient handed me soiled linen before I could don gloves. I had an open cut on my hand."

"During a SQ injection while needle was in the patient, fluid splashed to my eye. No eye protection worn."

"I was helping deliver a baby, when there was a blood splash. I was not wearing eye protection."

"I was attempting to place an IV when the IV fell out splashing blood into my eyes and mouth."

CONTACT US AT MONTHLY.BUZZ@SFDPH.ORO